

Address _____ Refer _____

Nominated _____ Applied _____ Tel. _____ Dep. _____ EOD _____

Office _____ Age _____ GS 7 9 11 12 Prom _____

10-9 _____

Clearance _____ O/S _____ Prefer _____

Vet: Comp _____ Spec _____ Rank _____ Dates _____

Medical _____

Ed: Sch _____ Maj _____ Deg _____ 19 _____

Sch _____ Maj _____ Deg _____ 19 _____

Sch _____ Maj _____ Deg _____ 19 _____

Area: _____

Language _____

Business, etc _____

Experience _____

Present Job _____

Training: BIC _____ Other _____

Recruited for _____

Available _____ Interim Plans _____

Replacement _____

Career Service _____ The Program _____ Success _____ Placement _____ Security Warning _____

Test Date _____ Results: _____

Final Agreement: _____

Evaluation: _____

Recommendation: _____

Name _____

Date _____

STAT

REV DATE	22-6-81	BY	
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ORIG CLASS	M	REV CL	SS
NEXT REV		AUTH:	HR 10-2